

Personal Care Services (age 21 and over)

(Refer to the Medicaid State Plan Services Section of this chapter for those under age 21)

Definition: Active, hands-on assistance in the performance of Activities of Daily Living (ADL's) or Instrumental Activities of Daily Living (IADL's) provided to the waiver participant in his/her home. This service may only be provided in other locations when defined in the Support Plan. ADL's include assistance with eating, bathing, dressing, toileting, transferring, maintaining continence, and assistance with ambulation. If it is determined that a participant requires more than one personal care aide, this must be prior-approved by DDSN and documented on the Support Plan. IADL's include light housework, laundry, meal preparation and shopping. These IADL activities are for the specific needs of the participant, not the general needs of the household. IADL's may also include home safety, assistance with communication, medication monitoring – to include informing the participant that it is time to take medication prescribed by his/her physician or handing the participant a medication container – and limited assistance with financial matters, such as delivery of payments as directed by the participant on his/her behalf.

Authorizations to providers will be made at two different payment levels. Based on DDSN assessed need, the higher level service, Personal Care 2, may be considered appropriate when the care needed for assistance with ADL's alone or in conjunction with assistance with IADL's/home support. Based on DDSN assessed need, the lower level service, Personal Care 1, may be considered appropriate if the only needed care is for IADL's/home support activities. PC 1 does not include hands-on care.

Personal Care 2 services may include escort and transportation when necessary. This must be specifically documented on the Support Plan; there must be no other resources available; and, the provision of transportation will depend upon the personal care provider's policy in this regard.

Personal Care services can be provided on a continuing basis or on episodic occasions. Under no circumstances will any type of skilled medical service be performed by an aide except as allowed by the Nurse Practice Act and prior-approved by a licensed physician. The Nurse Practice Act is available on the following web page: <http://www.scstatehouse.gov/code/t40c033.php>.

Both services allow the provider to accompany the participant on visits in the community when the visits are related to the needs of the participant, specified in the Support Plan, and related to needs for food, personal hygiene, household supplies, pharmacy or durable medical equipment. The Waiver Case Manager has the responsibility to identify the necessity of the trip, document the need in the Support Plan, authorize this component of the service, and monitor the provision of the services.

The unit of service is 15 minutes, provided by one Personal Care Aide (PCA).

Please see Scope of Services for Personal Care 1 (PC 1) and Personal Care 2 (PCII) Services on the SC DHHS website (<http://www.scdhhs.gov>) for more information.

Service Limits: Personal Care 2 Services are limited to a maximum of 28 hours (112 units) per week, as determined by SCDDSN assessment. A week is defined as Sunday through Saturday. When Personal Care 2 is authorized in conjunction with Adult Attendant Care and/or Adult Companion Services, the combined total hours per week of services may not exceed 28. Unused units from one week cannot be banked (i.e. held in reserve) for use during a later week. Personal Care 1 Services are limited to a maximum of 6 hours (24 units) per week, as determined by SCDDSN assessment.

However, the limits may be exceeded if applying the limits would create a substantial risk that the individual would no longer be able to live in the community, but would, because of the limit in services, have to be institutionalized.

Personal Care 1 Services are limited to a maximum of 6 hours (24 units) per week, as determined by SCDDSN assessment.

Participants receiving Residential Habilitation may not receive Personal Care (1 or 2) Services through the ID/RD Waiver.

Note: Personal Care services are not interchangeable with Respite Services.

Providers: Personal Care Services must be provided to participants by an agency contracted with the Department of Health and Human Services. The recipient/family should be given a listing of available providers from which to choose. **The offering of this provider choice must be documented**

Agencies contracted with the Department of Health and Human Services must adhere to the requirements noted in the Scope of Services for Personal Care Services (1 and 2) for the ID/RD Waiver, which specifies the minimum qualifications for a PCA 1 and for a PCA 2.

Relatives/family members of a waiver recipient may be paid to provide Personal Care Services only as specified in DDSN policy 736-01-DD.

A by-product of the provision of these services by those outside of the Waiver participant's home is that it affords the primary caregiver some relief or break from the responsibilities of care giving. A family member who is also a primary caregiver and who opts to be paid for a portion of the care/service he/she provides, will not also be authorized to receive additional respite services. The need for respite in these situations will be assessed as if the care/service were being provided by a non-family or non-primary caregiver.

Conflict Free Case Management

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging for and Authorizing Services: The need for the service must be requested to the SCDDSN Waiver Administration Division. To assess the need for Personal Care Services, the Waiver Case Manager must complete the DDSN Personal Care/Attendant Care Assessment prior to authorizing the service and annually face to face for the duration of the service to be included with the Annual Assessment and as changes/updates are requested.

The participant/family should be given a listing of available providers from which to choose. This offering of provider choice must be documented. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. The service must be Direct-billed to SCDHHS. This must be indicated on the authorization.

Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

Monitoring Services: The Waiver Case Manager must monitor the service for effectiveness, usefulness and participant satisfaction. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

. The following guidelines should be followed when monitoring Personal Care Services (1 and 2):

- Monitoring should be conducted on-site at least once annually (i.e. within 365 days of the previous on-site monitoring).

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some questions to consider during monitoring include:

- ❖ Is the participant receiving Personal Care services as authorized?
- ❖ Does the PCA show up on time and stay the scheduled length of time?
- ❖ Does the provider show the participant courtesy and respect?
- ❖ Has the participant's health status changed since your last monitoring? If so, does the service need to continue at the level at which it has been authorized?
- ❖ Is the participant pleased with the service being provided, or is assistance needed in obtaining a new provider?
- ❖ What kinds of tasks is the PCA performing for the participant?
- ❖ If the PCA does not show up for a scheduled visit, who is providing back-up services?
- ❖ Who is providing supervision of the PCA? How often is on-site supervision taking place?

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for reconsideration, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the reconsideration/appeals process.